

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019575

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 806

Primary Registration District No. 3042

Registrar's No. 50

FILED MAY 29 1962

VS 300
Rev. 4/59

1 0621

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
Length of stay in 1b <u>56 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>305 ANTHONY</u>		d. STREET ADDRESS (If outside, give location) <u>305 ANTHONY</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>LESLIE MORRIS POGUE</u>		4. DATE OF DEATH Month Day Year <u>MAY 19, 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-10-1906</u>
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>1 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SERVICE STATION OWNER</u>	
11. BIRTHPLACE (City and state or country) <u>MADISON COUNTY Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM A. POGUE</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE JOHNSON</u>	
14. NAME OF HUSBAND OR WIFE <u>BLANCHE O. POGUE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MRS. BLANCHE O. POGUE, FREDERICKTOWN, MO.</u>		Address <u>305 ANTHONY</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (b) <u>WITH MYOCARDIAL INSUFFICIENCY</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 YRS.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not repeat conditions already stated in PART I.) <u>PULMONARY EMPHYSEMA (2) COMPLETE LEFT BUNDLE BRANCH BLOCK</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>MARCH 11, 1962</u> to <u>MAY 19, 1962</u> and last saw him alive on <u>MAY 17, 1962</u>			
22a. SIGNATURE (Integrate or title) <u>Robert W. Gooding M.D.</u>		22b. ADDRESS <u>507 W. COHETTE</u>	
22c. DATE SIGNED <u>5-19-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-21-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON County Missouri</u>	
24. FUNERAL DIRECTOR <u>SAM NAJIM, Jr.</u>		25. DATE RECD. BY LOCAL REG. <u>5-21-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Harrence Hick</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.